

1 UNITED STATES DISTRICT COURT
 2 EASTERN DISTRICT OF NEW YORK
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 4

5 ADRIAN SCHOOLCRAFT,
 6 Plaintiff,
 7 -against- Index No.
 8 10CIV-6005 (RWS)

9 THE CITY OF NEW YORK, DEPUTY CHIEF
 10 MICHAEL MARINO, Tax Id. 873220,
 11 Individually and in his Official
 12 Capacity, ASSISTANT CHIEF PATROL
 13 BOROUGH BROOKLYN NORTH GERALD NELSON,
 14 Tax Id. 912370, Individually and in his
 15 Official Capacity, DEPUTY INSPECTOR
 16 STEVEN MAURIELLO, Tax Id. 895117,
 17 Individually and in his Official
 18 Capacity, CAPTAIN THEODORE LAUTERBORN,
 19 Tax Id. 897840, Individually and in his
 20 Official Capacity, LIEUTENANT JOSEPH
 21 GOFF, Tax Id. 894025, Individually and
 22 in his Official Capacity, stg. Frederick
 23 Sawyer, Shield No. 2576, Individually
 24 and in his Official Capacity, SERGEANT
 25 KURT DUNCAN, Shield No. 2483,
 Individually and in his Official
 Capacity, LIEUTENANT TIMOTHY CAUGHEY,
 Tax Id. 885374, Individually and in his
 Official Capacity, SERGEANT SHANTEL
 JAMES, Shield No. 3004, and P.O.'s "JOHN
 DOE" 1-50, Individually and in their
 Official Capacity (the name John Doe
 being fictitious, as the true names are
 presently unknown)(collectively referred
 to as "NYPD defendants"), JAMAICA
 HOSPITAL MEDICAL CENTER, DR. ISAK ISAKOV,
 Individually and in his Official
 Capacity, DR. LILIAN ALDANA-BERNIER,
 Individually and in her Official Capacity
 and JAMAICA HOSPITAL MEDICAL CENTER
 EMPLOYEES "JOHN DOE" # 1-50, Individually

(Continued)

1
2 and in their Official Capacity (the name
3 John Doe being fictitious, as the true
4 names are presently unknown),
5 Defendants.

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6
7 111 Broadway
8 New York, New York
9 February 12, 2014
10 10:21 a.m.

11 VIDEOTAPED DEPOSITION of DR. ISAK
12 ISAKOV, one of the Defendants in the
13 above-entitled action, held at the above
14 time and place, taken before Margaret
15 Scully-Ayers, a Shorthand Reporter and
16 Notary Public of the State of New York,
17 pursuant to the Federal Rules of Civil
18 Procedure.

19 * * *

1 I. ISAKOV

2 outside at that point, graded from one to
3 hundred, hundred is the best, one is the
4 worst.

5 Q. When you're evaluating, we
6 talked about possible risk of harm, we
7 walked about that earlier.

8 A. Uh-huh.

9 Q. Did you study anywhere risk
10 assessment with regard to patient harming
11 themselves or others?

12 A. Yes. I was taught about the
13 risk assessment in residency when I was
14 in residency at the several discussions
15 in the hospital and case conferences how
16 to assess risk.

17 Q. And in 2009 how did you do risk
18 assessment?

19 A. In a particular case?

20 Q. Generally, did you have a
21 method by which you did it?

22 A. How I'm doing it?

23 Q. Yes.

24 A. Again, by doing the full
25 psychosocial evaluation of the patient,

I. ISAKOV

his mental status, assessing through five axis and this is making me to assess the risk of the patient.

Q. And these risks that you talked about, this risk assessment, it at times results in your determination that there was a risk of varying different levels, correct?

A. Yes.

Q. Sometimes the risk is nonexistent, sometimes the risk is low, sometimes the risk is high, correct?

A. [Indicating.]

Q. Correct?

A. Yes.

Q. Sometimes the risk is substantial, correct?

A. I don't know substantial. I would like to grade the risk is high, the risk is medium, the risk is low because the low risk also could be substantial.

Q. What does substantial risk mean to you?

A. Substantial, it means that the

1 I. ISAKOV

2 risk make you to make decision that you
3 don't want to take this risk that you
4 need to do something to avoid something
5 bad to happen, reach the threshold where
6 you would say no, it's enough risk in
7 this case to keep him in the hospital.

8 It mean just to reach the
9 threshold. It doesn't -- it doesn't mean
10 it's sky high, but you reach the
11 threshold to make decision.

12 MR. SUCKLE: Let's take five
13 minutes to see if I have any more
14 questions.

15 MR. SMITH: Off the record at
16 3:10 p.m.

17 [Discussion held off the
18 record.]

19 [Whereupon, at 3:10 p.m., a
20 recess was taken.]

21 [Whereupon, at 3:21 p.m., the
22 testimony continued.]

23 MR. SMITH: Going back on the
24 record. It's 3:21.

25 Q. Doctor, just quickly 'cause I